

**SECONDARY ROAD PATROL AND TRAFFIC ACCIDENT PREVENTION PROGRAM
CONTRACT ADJUSTMENT REQUEST**

1. County

7. OHSP Contract No.

2. Sheriff

8. Date of Request

3. Address

4. City

5. State

6. Zip Code

9. The following change, amendment, or adjustment to the referenced contract is requested
(explanation of changes - if equipment is being purchased, please list it in detail here):

Budget Category	Expenditures To Date	Approved Budget	Requested Revision	Revised Budget Totals
Personnel				0
Automotive				0
Equipment				0
Operating Expenses				0
Indirect Costs				0
TOTAL	0.00	0	0	0

Prepared By:
Name

Title

Telephone

Authorized By:
Sheriff

Signature

Date

Financial Officer

Signature

Date

OHSP Authorization

Signature

Date

Mail form with original signatures to: OHSP, 4000 Collins Rd.
(do not fax) P.O. Box 30633, Lansing, MI 48909

AUTHORITY:1978 PA 416, as amended & Exec. Order 1989-4
COMPLIANCE:Voluntary, but reimbursement will be delayed until
completed.

SECONDARY ROAD PATROL AND TRAFFIC ACCIDENT PREVENTION PROGRAM

Contract Adjustment Request Instructions

- 1 Adjustment Request Requirement. Written approval must be obtained from OHSP prior to making any changes in Secondary Road Patrol and Traffic Accident Prevention Program contracts. Request for approval of such changes must be submitted on the Contract Adjustment Request form OHS-403. OHSP action will be documented and sent to the county on the Contract Adjustment Approval form OHS-404.
- 2 Form Completion. If it has been determined that a written request is required, complete the form following these steps:
 - a. Complete items 1 through 6 to identify your county and the sheriff's mailing address.
 - b. Item 7 - Enter the contract number exactly as it appears on your contract.
 - c. Item 8 - Enter the date the request is prepared. This date will be referenced on the Contract Adjustment Approval.
 - e. Item 9 - Provide a detailed explanation of the change requested and justification for the change. Continue this narrative on numbered continuation pages as needed.

If a program modification is requested, describe project methods and procedures which will change if the adjustment is approved.

If a budget revision is requested, complete the Expenditures to Date, Approved Budget, Requested Revision, and Revised Budget Totals by budget category. Itemize what will be deleted from and/or added to the approved budget. The revised budget total must equal the approved budget total (unless increasing amount of county supplement). If the revised budget exceeds the allocated amount, the excess will be considered the county share. Explain the relevance of the budget revision to compliance with P.A. 416, as amended.

- 3 Distribution: Mail the completed original Contract Adjustment Request form with original signatures to:

Office of Highway Safety Planning
Michigan State Police
4000 Collins Road
P.O. Box 30633
Lansing, MI 48909-8133